

L19000193418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

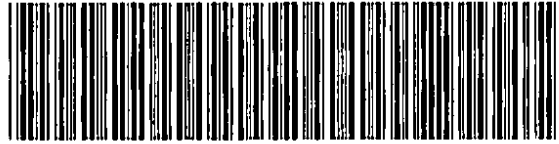
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/15/21--01034--007 **60.00

2021 FEB 15 PM 1:55

February 10, 2021

To Whom It May Concern:

Enclosed are the forms necessary to amend the Articles of Incorporation for **Bayside Recovery and Wellness Center, LLC** filed on July 29, 2019 with the State of Florida. (Doc# L19000193418)

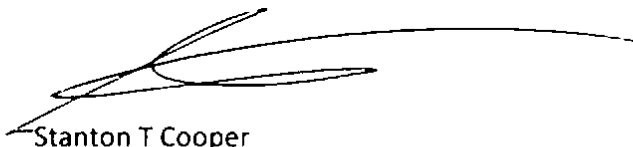
The amendment effective as of February 10, 2021 should reflect changes to the listed Authorized Person(s):

- Removing: Teryle Dickens (bookkeeper) & Donna Zerby (MGR)
- Adding: Erika Breese (MGR)

Enclosed is a check for \$60.00 for the filing fee, certificate of status, and certified copy.

Please do not hesitate to reach out to with any questions regarding these changes.

Best Regards,

A handwritten signature in black ink, appearing to read 'Stanton T Cooper', with a long horizontal flourish extending to the right.

Bayside Recovery and Wellness Center LLC

PH: 321-372-6897

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bayside Recovery and Wellness Center LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanton T Cooper

Name of Person

Bayside Recovery and Wellness Center LLC

Firm/Company

1501 Robert J Conlan Blvd Ste 7

Address

Palm Bay, FL 32905

City/State and Zip Code

bookkeeper@stemgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika B Breese

321

372-6897

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bayside Recovery and Wellness Center LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 29, 2019 and assigned
Florida document number L19000193418.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Donna Zerby	1501 Robert J Conlan Blvd Ste 7	<input type="checkbox"/> Add
		Palm Bay, FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Bookkeeper	Teryle L Dickens	1501 Robert J Conlan Blvd Ste 7	<input type="checkbox"/> Add
		Palm Bay, FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Erika B Breese	1501 Robert J Conlan Blvd Ste 7	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 32905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00